10/582005 AP20 Rec'd PCT/PTO 06 JUN 2006

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PERFECTED 3 WAY STOPCOCK

Field and Object of the Invention

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The following invention is a 3- way stopcock used in the medical field, in which of its arms or channels attaches to an intravenous catheter or needle while the other arms are used for administration of intravenous fluids.

The object of the invention is to achieve an optimal functioning 3- way stopcock, obtaining an improvement in the way the arms or channels related to intravenous bottles or containers, which hold therapeutic products. Another objective is to attain greater adaptability of the stopcock to the needs of the patient.

Background of the Invention

3- Way stopcocks are widely used in the medical and sanitary field for the administration of different products, such as serum, nutrients and medications through an intravenous catheter. Patients with dementia, other co-existing pathologies and cardiovascular problems are those that need most this type of stopcock for simultaneous infusion of one or more intravenous medications.

The utility patent U200302098 describes a 3- way stopcock that is characterized by two secondary arms or routes that emerge from a nucleus forming orthogonal elbows in its trajectory.

As known, nevertheless medications and nutrients administered to patients intravenously are solutions consisting fundamentally of solid micro-elements in liquid state. These micro-elements can deposit in the walls of the arms or channels thus impairing adequate flow of liquids. Therefore, the presence of octagonal elbows in the stopcock above mentioned previously poses the problem of occlusion of the arms or channels that are difficult to eliminate. This problem has negative consequences on intravenous therapy because the medication that goes to the patient needs to pass in determined period of time.

Another problem, is reduced flexibility offered by the stated stopcock with the presence of octagonal elbows. For example, when sanitary personnel manipulates these arms or channels during changing of intravenous containers or bottles which contain intravenous therapy products or well, to disconnect a secondary line from the feeding (support?) catheter, comes to damage the principal arm connexion with the intravenous

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catheter and thus affecting the supplying of these products. Keeping in mind that said principal arm is directly connected to the catheter inserted previously in the patient's vein, which implies that any manipulation on the remaining secondary arms will significantly affect the intravenous connexion producing pressure leaks. Therefore, in view of this problem, it is necessary to have a 3- way stopcock in which the secondary arms should in addition be flexible.

Description of the Invention

In view of the previously outlined, obstruction problems in the secondary arms or channels and reduced flexibility of these, an improved 3 – way stopcock has been developed so as to resolve and satisfy these problems. In addition, thanks to this new designed configuration, the stopcock in this invention provides greater flexibility. Therefore, sanitary personnel can handle the secondary arms with greater ease and safety. In the event of acting on secondary arms or routes this will not affect the principal arm or channel. In this way, the secondary arms or routes can be moved with a greater degree of liberty and therefore, intravenous therapy results in no damage for the patient. This way, a problem such as pressure leakage is solved by the present invention.

The 3- way stopcock for sanitary use developed by the present invention, solves obstruction problems cited before, on the bases of eliminating the orthogonal trajectories of the secondary arms, substituting them for curved trajectories.

According to the first objective of this invention, the 3-way stopcock, that is of those that consists of a cylindrical nucleus or body that has inside a plug or stopper worked by a handle, in which said nucleus converge a principal arm connected to a catheter introduced in the patient's vein and two secondary arms or channels that receive other catheters that supply medications or therapeutic fluids, these two secondary arms are diametrically opposite, out of phase orthogonally with respect to the principal arm, because these secondary arms are characterized by an initial curvature, flexible and with a high elastic index which later continue in their final portions sensibly parallel to each other.

Thus, so much as the intravenous catheter, as also the two connection catheters of the secondary arms of the stopcock run sensibly in parallel and are oriented towards the head of the bed of the patient who is receiving intravenous therapy. This is the most

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favourable direction since the bottles or containers that contain medications or nutrients are usually at the head of the patient.

The curvatures and flexibility of the initial portion of the secondary arms permit that the secondary arms do not present obstructions, whereupon, intravenous therapy presents a greater efficacy because the volume of medication and nutrients to be infused is carried out in the required time. In addition, the initial portions present a high index of elasticity so as the capacity to return to its initial position is greater, permitting the secondary arms to be used with greater degree of safety.

Accordingly fulfilling of the invention, the plug or stopper situated in the cavity of the nucleus or body has an interior configuration sensibly in form of an inverted "V" to permit therapeutic fluids to pass simultaneously and at the same time, permit flow of fluid to one of the secondary arms, closing off the flow to the other and even, close the flow to both secondary arms if needed.

Accordingly, another fulfilment of this invention, the principal and secondary arms will be made of medical grade polymers or plastic.

Brief Description of Drawings

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To compliment this description and with the object to help improve better comprehension of the characteristics of this invention, in accordance with a preferential way fulfilling usual practise, as an integral part said description is accompanied by a set of drawings in which with illustrative style and not limiting the following has been represented:

- Figure 1: represents perspective view of a perfected 3 way stopcock for sanitary application according to the present invention.
- Figure 2: Represents the 3- way stopcock place for use and properly implanted in the patient's foreman according to the present invention.
- Figure 3: Represents plug or stopper of the stopcock according to the present invention.

Detailed Description of Embodiment of the Invention

In accordance with the cited figures, specially in Figure 1, it can be observed how the 3 – way stopcock consists of a cylindrical body or nucleus (1) in which the plug or stopper (4) works and where the principal arm or channel (2) a it's two secondary arms (3,3') meet or converge. Between these three arms they communicate or not

depending on the position that the plug (4) adopts, which is operated by health care workers via the handle (5). As stated before, the principal arm (2) is assigned to receive an intravenous catheter (11) placed in the patient, while the secondary arms or channels (3, 3') are assigned to receive other catheters or lines (10,10'), whereupon relating the stopcock of the invention with some containers supplying therapeutic fluids, for example: saline solution, antibiotics or any other equal products.

According to the present invention, the secondary arms (3, 3') that emerge from the body or nucleus (1) in diametric opposition is characterized because respective trajectories run in each initial segment is curved (3a, 3a') and prolong in final segments (3b,3b') which run parallel to the principal arm (2). The direction of inclination of the curved segments is toward the patient's shoulder. This way, it prevents the problem of occlusion or chocking of the secondary arms.

The means of coupling (6) that is used for connecting the 3 – way stopcock to the corresponding catheters is by universal connectors or luer-lock which are used in medical practise.

When the 3 – way stopcock is connected to the intravenous catheter properly placed in the patient's forearm (9) according to Figure 2, the secondary arms (3, 3') present curved segments (3a, 3a') which avoid accumulation of solids and therefore eliminate the risk of occlusion of its channels. By means of the distal segments (3b, 3b') which are the prolongation of the curved segments (3a, 3a') and the catheters (10,10') remain visibly parallel between themselves and are oriented longitudinally in the forearm heading towards the patient's shoulder, that is, in the most ideal position for the catheters (10, 10') connected to the distal segments (3b, 3b') of the secondary arms communicate with the corresponding containers or bottles supplying therapeutic fluids. These bottles usually hang from a support in the form of a "T" placed at the head of the bed. Therefore, in the position in which the stopcock acts, according to the present invention, it turns out to be impossible for said catheters (10, 10') to choke off or kink thus making difficult or impeding the flow of therapeutic fluids. To this advantage it can be added, the non-occlusion of the arms due to the curved portions or segments (3a, 3a') presented in the stopcock of this invention.

The 3 – way stopcock present invention is made out of medical grade polymer, this is a polymer resistant to thermal treatment received in sterilization. It does not

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interact with therapeutic fluids and has to be easy to manipulate, etc. In addition, the initial portions (3, 3') have a high elastic index, which produces a greater capacity to return to its original position. This way, offering a stopcock which offers greater security for the patient and a higher capacity for manipulation on the part of sanitary personnel.

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In Figure 3, it can be observed the interior of stopper or plug (4), whereupon appraisal of the configuration of the inner channels (4a, 4b) is sensibly in the form of an inverted "V" being its branches slightly arched so as to permit optimal flow of fluids.